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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/030149	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1	1					51
2	1	1					52
3	1	1					53
4	1	1	1				54
5	3	3	3				55
6	3	3	3				56
7	3	3	3				57
8	1	1	1				58
9	1	1	1				59
10	1	1	1				60
11	3	3	3				61
12	3	3	3				62
13	1	1	1				63
14	1	1	1				64
15	1	1	1				65
16	1	1	1				66
17	1	1	1				67
18	1	1	1				68
19	1	1	1				69
20	1	1	1				70
21	1	1	1				71
22	1	1	1				72
23	1	1	1				73
24							74
25							75
26							76
27							77
28							78
29							79
30							80
31							81
32							82
33							83
34							84
35							85
36							86
37							87
38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.	14	13	13	13	13	13	
TOTAL DEP.	19	15	15	15	15	15	
TOTAL CLAIMS	33	20	20	20	20	20	

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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